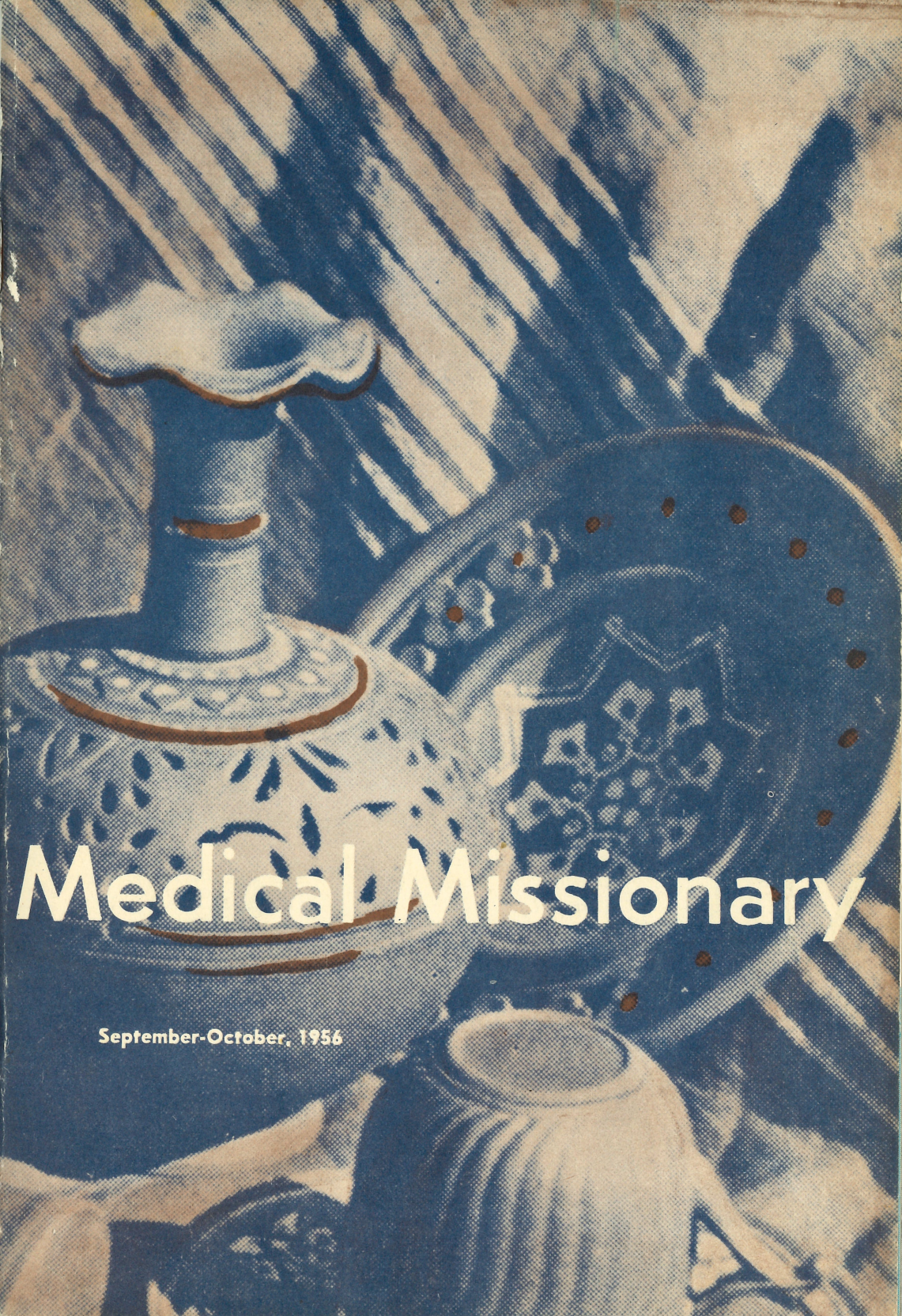




Medical Missionary

September-October, 1956

THE Medical Missionary



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featuring — RAWALPINDI, WEST PAKISTAN

COVER: Punjabi Village Pottery.

Their Sound Hath Gone Forth	
Most Rev. Nicholas Hettinga, Mill Hill	129
This is How it Happened	Editorial 131
Ups and Downs	Sr. M. Elise, M.D. 135
Notes on Numbers	Sr. M. Elise, M.D. 138
Islam is its Name	Sr. M. Pierre, R.R.L. 141
Departure Bells	144
Christian Village in a Desert	Rev. J. DeVreede, Mill Hill 146
The Shepherd Boy	Sr. M. Bernadette, S.C.M.M. 149
Now Look	Sr. M. Christopher, S.C.M.M. 152
All in The Day's Work	153
Tusi Mihrbani	Sr. M. George, R.N. 155
Medical Mission World	156
Starring Sister M. Bernadette	Sr. M. Richard, S.C.M.M. 158

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 pp. 156, 157, W. H. O.

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Their sound hath gone forth

to the ends of the earth

Speech of Bishop Hettinga at
the blessing of Rawalpindi's bells . . .

Three bells ring out from Holy Family Hospital tower in Rawalpindi. Each of them has a name and a meaning: "the Holy Family", "Dominic and Robert", "Agnes and Ann".

IF A grandfather or father is delighted to see his name perpetuated in a child, in the same way I can imagine today that the Holy Family are delighted as they hear their "human voices" immortalized and blessed for years to come in the sound that will go out from this large bell, dedicated to them. It is the largest, it is the strongest, it will give the note, as it were, to the other bells.

This second bell is dedicated to "Dominic and Robert." Yes, I can visualize them born missionaries, dynamic men, desiring to do great things for God. They wished to preach the Gospel, that was their task; but they were not given the full opportunity, so they directed their energies to what they saw to be the crying need of their time — the love of one's neighbor — the poor sick who had not the opportunity of experiencing modern medical care.

I can see Msgr. Dominic Wagner arguing and persuading others to the cause. I can see Msgr. Robert Winkley planning the first hospital. In the erection of that building every brick was a matter of calculation, so as to make the care of the sick a possibility. In this bell, which today we bless and dedicate, the voices of "Dominic" and "Robert" will go forth forever — pleading for the sick.

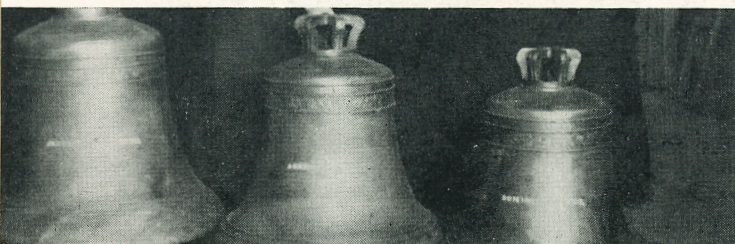
The third bell is dedicated to "Agnes and Ann." I can well imagine the arrival of Dr. Agnes McLaren at Rawalpindi, and her desire and willingness to do everything, but she finds out that she can do very little — extremely little. She must have helpers. She argues with Msgr. Dominic, and with everybody: "The care of the sick in the hands of one person is a hopeless task." She sets out for England and for Rome. She argues with bishops, cardinals, and even with His Holiness, the Pope, Himself. She writes for her cause. Her personality is like a bell. As long as this bell rings out, it will continue her pleading throughout the world.

We all know Dr. Anna Dengel, and how she has managed to gather many spiritual children around her in the apostolate of modern medical care for the missions. We know how she heard the plea of Dr. Agnes; how she volunteered, and is still volunteering for the work of caring for the sick; how her work has won over the sympathy of the whole world. Whenever we hear this bell we must hear the *plea* of Agnes, and the *volunteering* cry of Anna. Let us join in. Let us strengthen that sound. Let us add our own plea, and our own cry, for we have been caught in the direct line of these electric waves.

The sound of these bells will not be complete unless they pay a debt of gratitude — whenever they ring let them resound our gratitude. Our gratitude to the donors of these bells, who belong to a foreign country, but who, by their charity, abolish all frontiers. Charity has bound

them into one great international brotherhood. Pakistanis have given generously. Americans and English, Dutch and Italians, French and Germans have given generously. Whenever these bells shall ring, we shall pray that God may regard all of them,

and that when death comes, no border or frontier may keep them away from God's everlasting paradise.



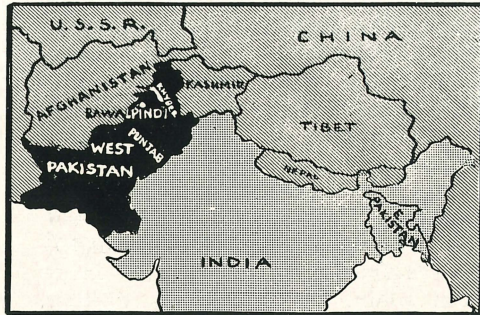
The three bells: "Holy Family", "Dominic and Robert", "Agnes and Ann".

Prayer For The Blessing of Bells

"Wherever these bells ring may the sound of them repel the force of the enemy, the shadow of temptations, the attack of passions, the damage of lightning, the striking of thunder, the calamity of tempests, the attack of all spirits; and whenever the children of Christians hear their sound may it give them an increase of devotion, that they may sing a new song in the Church of the Saints, carry in the sound of the bells and bugles of the Angels, the rhythm of the psalms, the sweetness of the organ, the joys of the tambourines, the gaiety of the cymbals."

—Roman Ritual

This is how it happened . . .



The Khyber Pass, the prayers of the Christian Village of Josepur, three people who lived the parable of the Good Samaritan and God's Providence, combine to produce the Holy Family Hospital, in Rawalpindi, and the Society of Catholic Medical Missionaries.

BUT for the Khyber Pass in the North, the story of West Pakistan, and that of the whole subcontinent might have been different. This highway, a magnificent stone passageway that leads from Kabul in Afghanistan into the city of Peshawar in West Pakistan, winds down the entire course of history, echoing to the tread of tribes, seeking food, revenge or glory. First the Aryans, then the Greeks, next the Huns, and then the long succession of Muslims; Turks, Pathans, Moghuls. Wave after wave of Muslim conquest swept through this narrow gateway in the Himalayan mountains, down in the central

plains of India, to the other side of the subcontinent, leaving its own impress of religious and cultural influences. The two most thickly populated areas to the east and west, like two wings, placed 1,000 miles apart, were broken off to form the new nation and Islamic Republic of Pakistan.

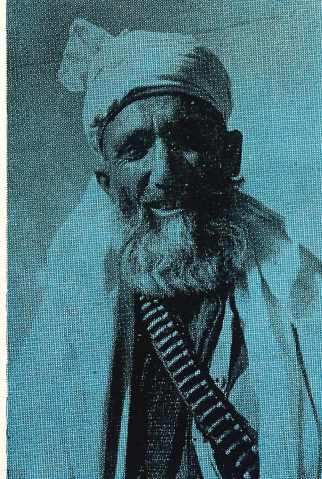
The differences, as well as the distances, between East and West Pakistan are very vast. East Pakistan lives on fish and rice; West on meat and wheat. East Pakistan earns its living from jute; West from cotton. East Pakistanis are usually small, dark men; West Pakistanis are tall, rugged front-

iersmen of light color. East Pakistanis speak Bengali, which they write from left to right in a complicated script. The official language of West Pakistan is Urdu, which is written in Arabic script from right to left.

When the British wrested the Punjab from the Sikhs, they were careful to guard the Khyber Pass well. The city of Rawalpindi, (in West Pakistan) the last outpost before the Pass, became an important military post. With the troops came the first Catholic priests to the area.

About an hour's walk from the Military Cantonment, at the foot of the towering and beautiful Himalayan mountains, lay a large flat plain. On that plain, a little less than a century ago, a Mill Hill Missionary priest settled a small group of Indian Christians. They called their village Josepur, in honor of St. Joseph, patron of Christian families. Like all the 700,000 villages scattered around India at that time, Josepur was visited regularly by terrible epidemics of smallpox and plague. Mothers died in childbirth. There was malaria and dysentery; known and unknown fevers were common visitors. The Christians of Josepur needed skilled medical care — the services of modern professional doctors and nurses and they knew it. In this northern-most part of India (now Pakistan) they recited daily the rosary and five "Our Fathers," and these, for eight long years begging God to send them medical aid.

God heard their prayer, for during those same eight years, a Scottish woman, Dr. Agnes McLaren, was received into the Catholic Church. She became inter-



A war-like
Pathan.

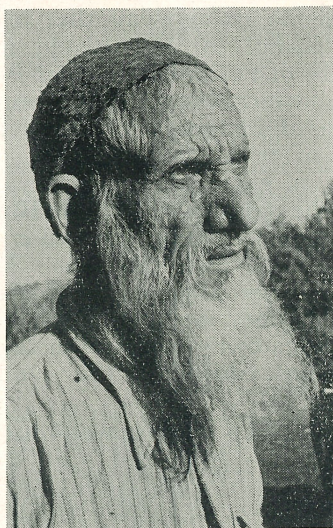


Moslem woman and child.
Burkha thrown back.

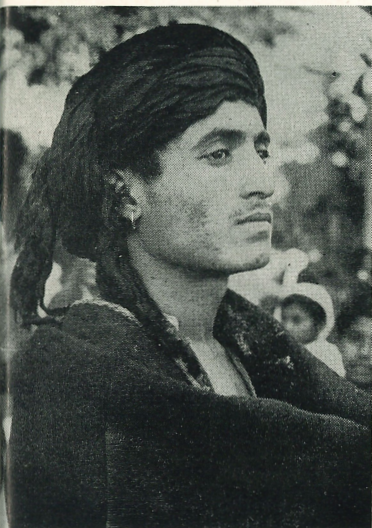


Woman from
Baluchistan

Punjabi farmer.



Lovely
Kashmiri
woman.



Proud
Afriדי
Tribesman.



Gypsy woman from Kabul, Afghanistan

ested in the need for medical assistance for the women of India and started an investigation. Then she met Msgr. Dominic Wagner of Mill Hill. After long experience in the missions of the north, he knew well the crying need for women doctors—for the Moslem women were kept by religious custom from receiving the care of men physicians.

When Dr. McLaren saw a need, she acted. In 1909, at the age of 72, she journeyed to the north of India to see things herself. Then and there in Rawalpindi, with the help of Msgr. Wagner, she founded the first Catholic Hospital in the Punjab, a region of 29,000,000 people. This little hospital of 16 beds was situated just one hour from Josepur. Little did these two pioneers realize that they were beginning an apostolate of modern medicine that would become an organized phase of Catholic mission activity. The hospital for which the people of Josepur had prayed was there at last but it lacked the necessary staff. Dr. McLaren was too old to take over the work herself. Besides one doctor was scarcely enough. Sisters were out of the question because canon law, at that time, forbade them to practice medicine in its full scope. Individual lay women or groups could have filled the gap for the time. Nevertheless Dr. McLaren as a result of consultations with mission bishops and from her own personal observation knew from the start that the solution of the problem lay in intrusting this work to Sisterhoods "in order to insure stability, devotedness and economy," as she expressed it.

She went to religious superiors,

to people of influence, to cardinals and to Pope Pius X himself, to plead for the mothers of India and the East who were the victims of untrained attendants. . . . She wrote, she argued and pleaded for permission for Sisters to be trained as doctors.

Four years later, Dr. McLaren died, but not before a young woman, Anna Dengel, from Austria, volunteered to study medicine and then took over the hospital in Rawalpindi. Dr. McLaren and Msgr. Wagner could not see the preventable sufferings of women and children, and pass them by—and neither could Dr. Dengel.

In 1925, Dr. Dengel founded the first religious community of Sisters, dedicated to give professional medical aid to the missions. At first the little religious community had to sacrifice the privilege of making public vows in order to be able to do full medical work in the missions. Their sacrifices were well rewarded when in 1936, they rejoiced with the whole mission world in the announcement of the Instruction of Propaganda Fide not only approving the work but asking others to take it up.

Rawalpindi is indeed the cradle of the Medical Mission Sisters, the

Society that provided the Sister doctors, nurses, and others needed to staff the Holy Family Hospital in Rawalpindi, and also other Holy Family Hospitals throughout the world today — in India, Pakistan, Indonesia, Africa and South America. All these have shared in the Samaritan-like Charity of the three pioneers, and the prayers of the Christians of Josepur. "Their sound hath gone forth unto all the earth."

The Christians of the first Josepur all died, but today in the diocese of Rawalpindi, there is a new, larger Christian village of Josephabad. And there is a new and larger hospital in Rawalpindi. To this hospital, deep in the heart of Asia, come the sick of many nationalities and creeds. Down through the Khyber Pass wind the caravans, no longer seeking military glory, but medical care, bringing peoples from the North—the war-like Pathans and Afridis, the Turkestanis and Chinese traders, Pakistani farmers, Punjabi villagers, beautiful Kashmiris, and Muslim people from the tiny country of Swat. Here all meet under one friendly roof. Here all understand one another, for Charity is a universal language.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of \$ for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

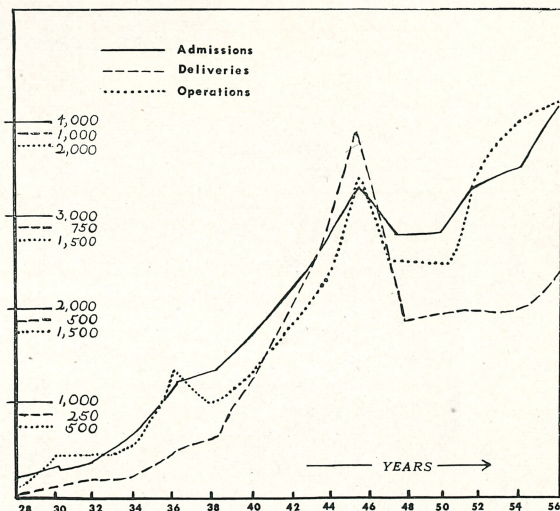
UPS and DOWNS

THE first hospital of the Medical Mission Sisters was opened on February 2, 1928. It had been built on the edge of the town, Rawalpindi, a city at the foot of the Himalayas. Buffaloes grazed in the fields behind it, and the front yard was a mud-puddle in the rainy season. The three pioneer Sisters, one doctor and two nurses, with their five student nurses, took care of 6,552 clinic patients and 185 hospital patients, did 130 operations and 14 deliveries in their first year. Many of the patients were in desperate straits before they came for admission, and those were the days before penicillin and sulfa drugs. It must have taken a lot of hard work to pull through some of those pneumonia and typhoid patients!

For several years student nurses came and went. Nursing was a new profession to most of them. Few had the education necessary for the basic training. The Sisters had to teach in Urdu or Hindi, whatever the nurses spoke. Clinic patients increased fairly rapidly, and hospital patients slowly, until suddenly, around 1935, it started to be even *fashionable* to have a baby or an operation in Holy

Sr. M. Elise, M. D.

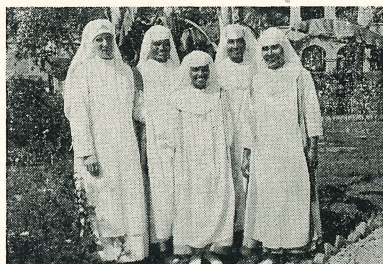
The hospital began with 30 beds . . . in India. Today it finds itself in Pakistan, with 300 beds but in between there were many "ups and downs".



Family Hospital! Then the numbers began to rise, but the nursing problem remained a major headache, until the Indian Sisters came to the rescue. The Bengali Holy Cross Sisters were the first Sisters to come for training in 1936, followed in a few years by others from Ajmer and Bihar. These Sisters had enough education to follow the classes, and their devotion to duty left nothing to be desired. They were the water that was needed to prime the pump. Soon Punjabi girls of better background and schooling came to join them, and tried hard to emulate their good example. In 1940, the Medical Mission Sisters were happy to welcome the five girls from South India who were to form a new Community for Medical Mission work. They were the seed of our Indian Province, now flourishing and managing its own hospitals.

In the course of time, Rawalpindi Holy Family Hospital became the laboratory, and the nursery ground for the Society. As new missions were proposed, it was only natural that those Sisters who had gained experience in Pindi would be sent to start pioneering all over again. Dacca, Patna, South India, Africa, all drew on Pindi for personnel and materials. New Sisters came out, learned Urdu, midwifery and how to live in the Orient, and then moved on to new fields. Pindi gave and gave, and prospered in the process. Generosity never fails! By 1945 they were pushing out the walls of the old building, where

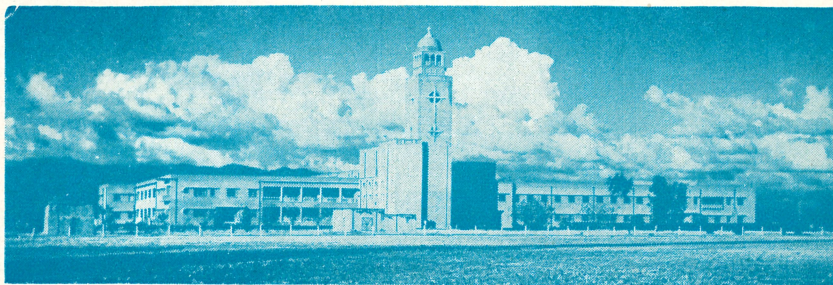
The First
Bengali Holy Cross
Sisters trained as
nurses



In Rawalpindi.
Anatomy class for
the Probationers
on the hospital roof.



New Holy Family
Hospital in
Rawalpindi, Pakistan.



the verandas and every inch of space were filled with patients, all women and children. The city had followed the hospital out, and the fields had all long been replaced by houses and stores. Plans for a new hospital had been discussed for several years, and in 1946 the foundations were started.

This was to be a really big undertaking! A 300-bed hospital, modern and spacious, with a full-sized basement and a water tower, with eight 16-bed wards and plenty of private rooms, plus a nurses' home on the side, that would fill the bill for many a long year to come. Dreams ran high in those days. The hospital had a number of friends, some able to donate substantially, others energetic enough to collect goodly sums from various organizations and societies. Soon 300 coolies were digging up the earth and carting it off in little baskets on the backs of diminutive donkeys. The tremendous hole needed for the foundations and the basement was the talk of the town.

Then tragedy struck. In 1947 India and Pakistan were divided; and mass migration of Hindus and Sikhs to India, Moslems to Pakistan, began. Rioting and fighting

became the order of the day. In one year the hospital lost 25% of its patients, (Sikhs and Hindus) while the number of deliveries plummeted even more. Moslem women had always been the most secluded, the most reluctant to come for hospital care. The disturbed times frightened them even more. Refugees crowded the town, carrying with them cholera, typhus and smallpox. Days became nightmares of operating on the wounded, caring for the sick, inoculating the healthy, and praying for the dead. The building of the hospital, though never abandoned, was slowed down to a snail's pace. The capable Sikh workmen and contractors had to flee; part of the building was destroyed by fire.

Yet the Sisters never lost either faith or vision. They were too busy. Their religious habit carried them safely even through street fighting and night trips. The new hospital rose slowly, but steadily. The new Government proved friendly and appreciative, and soon even the Moslem women began to flock to the hospital once again. In 1950 the new hospital was ready for occupancy, and
(Continued on Page 159)

notes on

THE official health statistics of Pakistan are not easy to understand. Death certificates are not obligatory, so the final diagnosis of a patient's illness is usually made by the family or by the village watchman. "Fever of unknown origin" is one of their favorites. One has to live in this country for quite a while to find out that this is usually a euphemism for tuberculosis. But *hospital* statistics are more intelligible. At least they can be interpreted! A survey of last year's numbers of Holy Family Hospital, Rawalpindi, gives a fairly representative view of the health problems in this country.

Just to give an example: numbers alone would hardly convince one that tuberculosis is the major problem of the day. In 1955 we had roughly 20,000 new clinic patients and 4,000 admissions. Among these there were 402 diagnoses of pulmonary TB in the Out-Patient Department and 209 among the hospital admissions. But each one of these means a major calamity: a breadwinner incapacitated, a mother torn from her family, a promising youngster's education interrupted or stopped often forever. In about half of these cases the diagnosis is not made until the chances of recovery are almost nil. Even the miracle drugs can do little more than prolong life. With this goes the danger of infecting others. It

is said that every uncontrolled case of lung TB infects five others. At that rate Pakistan will soon be swamped with TB. There are signs that the people are waking up to this menace. Editorials and letters in the newspapers often harp on this subject. Unfortunately it takes a tremendous amount of money to stamp out tuberculosis. So we carry on somehow, doing the best we can with the limited facilities at our disposal. Poverty, ignorance, lack of self-discipline, all help to frustrate our attempts at proper treatment. Not many patients will stay long enough to be fully cured.

Tuberculosis of the lungs is not the only form of TB common in this country. The western world has almost forgotten the types of TB we see here, day in and day out. Abdominal tuberculosis particularly is a real scourge, common to young and old, sometimes ending in intestinal obstruction and a quick demise, more often dragging itself out for years and years. Children are especially liable to this ailment. It takes just one person, coughing and spitting in the dark little rooms, to infect every toddler and creeper in the family. Not rarely an old relative or servant is the source of infection, unsuspected by parents and family doctor, alike.

Bone TB, gland infection, pelvic disease, all are common in this area. Lumped together they num-

Numbers

bered 1,220 in the Out-Patient Department, 393 in the hospital admissions. These are usually not as fatal as the lung type of TB, but they do represent a great deal of painful, prolonged, expensive and crippling illness, and the rate of cure is not very good. We rarely speak of "cure" in connection with TB. If we can call the disease "arrested" we are well satisfied. Even that stage is rarely reached in the short time the patients remain with us. Yet the death rate in the hospital is not as high as might be expected. Of the 209 TB lung cases, 7 died; of the 393 others (and this includes TB meningitis and miliary TB), only 25 died. Tuberculosis is both chronic and treacherous. Many patients

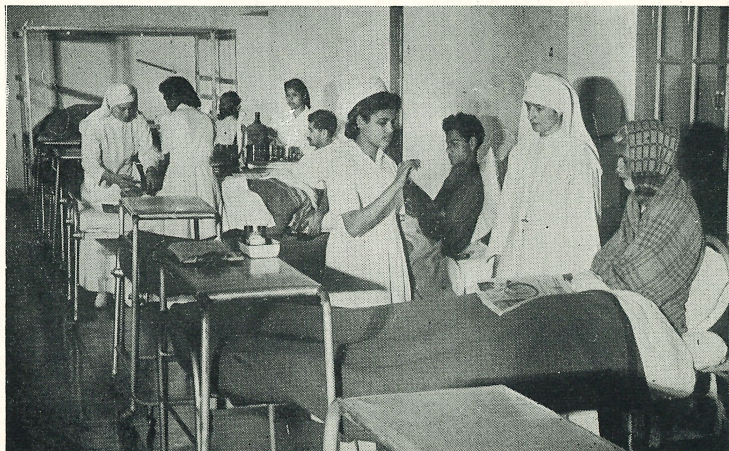
leave the hospital feeling much improved, only to collapse again shortly afterwards.

Numerically, however, the infectious diseases are the biggest single item. Many of these diagnoses are only words to Americans, yet they fill the hospitals in the Orient. Malaria accounted for 1,163 new diagnoses in the Out-Patient Department; this does not include the many old-timers who come back, again and again, with the same trouble. Hospital admissions for malaria numbered only 125. Usually ambulatory treatment is sufficient. Even our own servants will walk around with chills and fever for days, until they are caught, and sent for treatment. Typhoid is still com-



The x-ray department, with Sr. M. Josepha in charge, is an important place because of the many tuberculosis patients in the hospital.

The men's ward is a busy place. Sr. M. Kathleen supervises a Pakistani student nurse.



mon, despite the well-known and widely available preventive inoculations. There were 503 diagnoses in the Out-Patient Department, but only 20 admissions. 1955 happened to be a year of mild typhoid. This year has been much worse, as the statistics no doubt will show. The dysenteries are always with us. Amebic dysentery is the commonest form in this locality, with 917 cases in the Out-Patient Department, 57 admissions. Bacillary dysentery accounted for 424 and 20 cases respectively. Other types of enteritis are common in babies. The 1,280 diagnoses in the Out-Patient Department book are only a fraction of the true number. Many babies are back several times a year with the same old story: diarrhea and vomiting. Once their mothers find out that the hospital medicines work, they come back regularly for more. Some of these babies are desperately ill by the time they reach the hospital. Over 200 of them were admitted, and it took a lot of hard work to get them out alive. That only 10 of them died is due in no small measure to the efforts of the nursing staff, who have worked over these babies by day and by night. Pneumonia also is common: 633 in the Out-Patient Department, 44 admitted.

Other figures are due to our peculiar circumstance. As our hospital caters especially to women, many of whom still keep "purdah" (strict seclusion), we have a large number of women's ailments: 1,168 diagnoses in the Out-Patient Department alone. This does not include the tumors, of which there were 118. Out of these 96 were admitted and treated surgically.

The problem of sterility also claims a large share of our attention. 1,126 of these women passed through the Out-Patient Department. Childless couples will travel far and wide to seek relief. Unfortunately many of them cannot be helped. Skin diseases abound, especially in children. Scabies and eczema are the commonest. The 1,061 diagnoses made in the Out-Patient Department represent only a fraction of the true number, as there are many repeaters. Malnutrition and secondary anemia, severe enough to call for a primary diagnosis, were 854 and 563 respectively. Malnutrition is usually due to chronic illness, for the Pakistani diet is good, including as it does whole wheat bread, meat and vegetables. Unfortunately anyone suffering from fever promptly stops eating.

The rest of our figures probably closely parallel those of any other 200 bed hospital. 113 cases of appendicitis may be a little lower, while 158 abnormal deliveries in a total of 580 cases may be somewhat higher than the average. This is not a highly industrial area, so fractures and serious injuries are moderate in number: 38 and 41 admissions each. Heart disease is by no means rare: 131 admissions of whom 12 died.

Large, well-equipped private hospitals are rare in this country. Every one of them is filled to overflowing with every type of patient imaginable: men, women and children; rich and poor; city and country folk; Punjabi, Pathan, Kashmiri, Bengali, etc. Their need is our chance to fulfill God's second commandment, which He Himself made equal to the first.

This, then, is the World of Islam, in which we live

“A’ salaam aleicum,” . . . “V’aleicum salaam,” the greeting of one Muslim to another resounds through the halls of the hospital and tells us over and over again each day that Holy Family Hospital, Rawalpindi, is in the heart of a land of Islam, the religion expounded by the prophet, Mohammed. The greeting means “Peace be to you,” and the answer, “Peace be to you, too” indicating the very essence of this religious system, the making of peace. A Muslim is he who has made his peace with

Islam is its name

Sr. M. Pierre, R. R. L.

the Creator as well as His creatures, according to the Koran, the revealed book of Islamism. “Peace, peace” shall be the only words heard in the paradise which Islam depicts.

One who accepts the teachings of Mohammed takes upon himself five obligatory duties — belief in the unity of God, observance of daily prayers, payment of the poor-rate and alms, fasting, and the annual Hajj, or pilgrimage to the holy shrine at Mecca. This last is “a duty due to God from those who are able to journey thither,” which is interpreted to mean that both sufficient money and health of body are requisite to make this pilgrimage a duty.

“No god but God” is the simple creed that points out the cardinal doctrine of the faith of Islam. God is one — and His ninety-nine “most excellent” attributes as described in the Koran all contribute to this belief in a Supreme Being, one God, the embodiment and source of all Truth, Love, Peace and Justice. Polytheism is strictly forbidden in Islam and Mohammed is said to have had such a horror of idol or image worship that he did not even want a monument placed over his tomb after death, fearing that perhaps the people would try to deify him. The Prophet says to his followers, “My prayers and my worship and my life and my death are unto God, Lord of the worlds. He hath no associates. This I am commanded and I am the first of the Muslims.”

The second obligatory duty of a Muslim, his daily prayers, is, perhaps, the precept with which we are most familiar, since a hospital is often associated very closely with the major events in a man's life, a time when it is "natural" to turn to prayer. Five times in a day, at appointed hours, a Muslim is to worship his Maker, facing, as he does, towards Mecca. This city, the birthplace of Mohammed, contains the Qibla, believed by the Muslims to be the first house for the worship of God that was founded on the face of the earth. The prescribed prayers are to be said punctually at fixed times; daybreak, a little after midday, between midday and sunset, a little after sunset and when it gets dark, the man of prayer having, first of all, performed the required ablutions. These include washing the face, hands up to the elbows, feet up to the ankles, and wiping the head. In case water is not available, dry sand or earth may be taken and used.

Although these daily prayers can be said anywhere, it is recommended that Muslims meet together five times daily in the mosque nearest to them for their homage to Allah. Leaving his shoes at the entrance, the man of prayer enters the carpeted mosque, takes the next vacant place and shoulder to shoulder with men of every class, performs his bows and prostrations. There are no pews or seats, no altar, no stained glass windows; only a pulpit for the deliverance of the customary sermon on Friday, the Sabbath of the Muslims. The women, too, are expected to pray but they are not allowed to attend the mosque.



The mullah calls to prayer from the mosque.



Sr. M. Pierre (front) giving out milk—Pindi.

Below—Friday at the Mosque.



The duty of almsgiving in Islam is called by a word which means "purity" . . . "a part of our substance given in order to purify the rest." By this duty the poor are given a right to share in the riches of the wealthy. The poor-rate is 2½% per annum and at one time there was a regular state department for the collection and distribution of this rate. Now, however, it is left to the individual's conscience as to how much he will pay. Those entitled to receive from the poor-rate are very specifically classified in the Koran under eight different headings. Besides this obligatory alms, Muslims are encouraged in their Holy Book to give voluntary ones and the questions as to what to give, how to give and to whom are answered directly. "What to give?" — what you can, after providing a living neither too extravagant nor too niggardly. Give that which has been earned with the sweat of the brow and which has a value, not a cheap or useless thing. "How to give?" — Give purely, out of love for God to orphans, etc.

Fasting, like prayer, has been a part of nearly every religion from all ages. In Islam the ninth month of their lunar year, the month of Ramadan is set apart for fasting and strictly kept. The fast begins with the appearance of the new moon and must continue to the last day of the month. It entails abstinence from all nourishment, food and drink, from before sunrise to after sunset with the day being spent in prayer and pious thoughts. As the time of the fast is dependent upon the moon, it occurs periodically during the long, summer months when the sun is visible

many hours out of the 24, when the burning heat seems to exhaust every man's energy, when the fast must come as a very real sacrifice and act of penance. For our student nurses who wish to keep the fast, we usually try to put them on night duty re-arranging their hours for meals in order to miss the sun. If one is sick or on a journey during the Ramadan, he is expected to fast the required number of days when it is physically possible. "Truly," the Prophet tells his people, "the men who fast and women who fast, for them hath God prepared forgiveness and a rich recompense."

The last of the obligatory duties of Islam, the pilgrimage to Mecca, does not fall on all indiscriminately. Sufficient funds and health are presupposed and eliminate many from fulfilling this precept. The pilgrimage contains a practical lesson of equality and brotherhood for the Muslims, since each man is dressed in a simple, two-piece cloth and all stand together in one place to acclaim their God. They visit sacred places which remind them of the sacrifices of Abraham and the Prophet of Islam, and of their devotion and faithfulness to God. Conferences are held to consider the welfare of the Muslim community as a whole.

This, then, is the world of Islam in which we live, the field in which we plant. The soil is hard and rocky and does not turn easily to the Sun. Still, the Sun warms, the soft rains from above fall daily and when our seed has buried itself deeply enough, "died" enough, new life will spring up to praise, in truth, the one only God of heaven and earth.



Sr. M. Daniel
Chillicothe, Mo.,
to Pakistan.



Sr. M. Maurice, R. T. x-ray,
New Orleans, La.,
to South America.

25 to missions



Sr. M. Isidore, B. A.
Eunice, La.
to South America.

1956



Sr. M. Carlos
Los Angeles, Cal.
to South America.



Sr. Marie Therese, R. N.
Bronx, N. Y.,
to Africa.

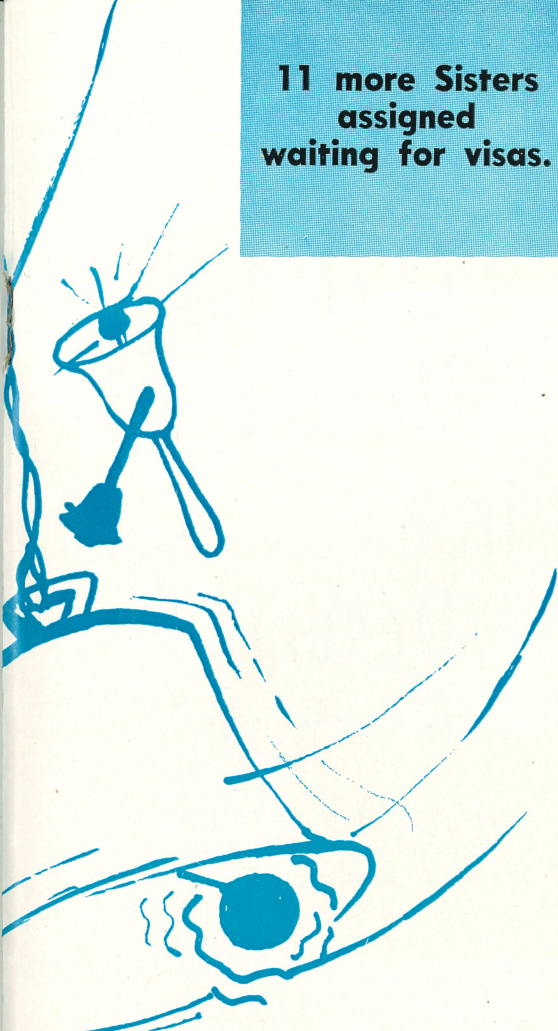


Sr.
to
Vi
R.
M.
In
rel



Dep

**11 more Sisters
assigned
waiting for visas.**



arture Bells

M. Jeanne, R. N., Drummondville, Can.,
South America; Sr. M. Beatrix, M. D.,
Austria, to India; Sr. M. Carmela,
Dumaquete City, P. I., to India; Sr.
Cephas, B. S. N., Swoyerville, Pa., to
India; Sr. M. Cyril, R. N., Lakewood, Ohio,
to India.



Sr. M. John, M. T.
Hastings, Minn.
to Africa.



Sr. M. Jacinta, M. T.
Lafayette, La.
to Pakistan.



Sr. M. Luke, M. D.
West Hartford, Conn.
to Pakistan.



Sr. M. Campion, R. N.
Devon, England
to Pakistan.

IT IS not my wish to be involved in an argument with anyone for making wild statements, but I have heard it said that there would not be so many Catholics in America if there had been no British rule in Ireland. It remains an open question whether economic conditions would not have compelled Irishmen to emigrate if they had had the blessings of home rule all through the centuries. I suppose that this is a problem about which the Irish and others will continue to argue, even in heaven, without coming to any definite conclusion.

But it is certainly true that economic necessity compelled the Punjabi Christians to spread themselves all over the country. Or perhaps it would be better to say that the prospect of economic betterment induced them to leave their old villages and settle down in more thinly populated parts of the country. About 60 or 70 years ago the Christians of the Punjab were concentrated to a great extent in just a few districts. If they ever had any land of their own, as some did, they had long since lost most of it by the insidious process of division and subdivision and finally the handing over of the title deeds to the creditors in settlement of the mortgage. They therefore worked for the Hindu and Sikh landowners; if they were lucky they might be his tenants, working his land with their own bullocks for a half-share of the produce. But the majority would be farm laborers, working for a yearly wage of 10 or 12 bags of wheat and a pair of shoes and a suit of clothes.

When newly dug canals brought water to otherwise arid areas, this

Christian Village in a Desert

Rev. R. De Vreede, Mill Hill

Had the Pakistani Peasant not been endowed with courage, tenacity, and a readiness to endure hardship, Josephabad would never have arisen in the Thal Desert.

land was parcelled out and allotted on easy terms to members of the "farmer class." The "labor class" was not generally considered fit for colonization. A few villages were indeed set aside for settlement of Christians; but on the whole they "emigrated" with the farmers and continued to make some sort of a living as farm laborers. Wherever they settled, there the priest would visit them in their villages; and whenever numbers were sufficiently large, a church would be built and a priest would take up residence in

that area. He would open a school if he could afford to pay the teachers; his catechists would be posted in suitable villages; and the priest himself would make his regular rounds in order to say Mass for the people, administer the Sacraments and give instruction. But even under the most favorable circumstances this system could never be fully satisfactory, especially when one considers that each priest may have to look after 50, or even up to 200, villages.

The land hunger of the Punjabi is very great. To own a piece of farmland is nearly everyone's ideal. He may not work the land himself, but he can always find a tenant who will work the land for him and supply him with a share of the produce. Our Christian is no exception. His desire to possess land is so great that it will often confuse his otherwise shrewd outlook on life; and a clever man, who is well-versed in practical psychology and who is able to put forward a specious scheme for getting land and getting it cheaply, can charm money out of usually well-closed pockets.

In 1947, the British left India, and the Sikh and Hindu landowners of the Punjab poured across the borders into India by the millions. The Pakistan government settled Muslim refugees on these lands — and there were 8,000,000 refugees. This meant tragedy for the Christians — leaving them without work, food, or land.

However, a little of this land hunger was satisfied when the Pakistan government allotted several TDA villages to the Christians of the Punjab. The Thal Development Authority is a project which has created a system of



Boy with cotton flecker in a Punjab village.

Sr. M. Brigetta, R.N., visits the village of Josephabad, after a flood. The women are making a mud bin for storing grains.



canals which take their water from the river Indus, thus, transforming a large desert area into fields yielding fine crops of cotton, sugar cane, rice and wheat.

There was no planned campaign on our part to get such villages for the Christian community. The demand for land was spontaneously voiced by the Christians; and the justice of the demand was recognized and honored by the Pakistan Government.

A few farmers were settled on the land to make a start. There were huge sand-hills to be leveled and canals to be dug, before cultivation could begin. It was no easy task. Sandstorms blocked the canals and stifled young plants. Sometimes, the work of weeks was destroyed by a dust storm in a few hours. Sometimes these Punjabi farmers, men born to poverty and hardship — broke down and wept. Had the Pakistani peasant not been endowed with courage, tenacity, and a readiness to endure hardship, Pakistan would never have been enriched with this new granary and this new reservoir of badly needed food-

stuffs and raw material from the Thal Desert.

Of the thousands of trees planted to hold the soil, only a few remained after six months. Sometimes there were breaches in the dykes and the fields were flooded; sometimes there was no water and the crops shrivelled away in the sun. Once there were locusts.

The Christians in their little villages fought on, and daily at Mass prayed for their existence in their desert — on their own lands. Today there are two complete parishes Mariakhel, "the village of Mary," and Josephabad, named in honor of St. Joseph.

In these villages a primitive Catholic atmosphere prevails; life centers around the church and school. The priest himself is a practical farmer. He plans and oversees the work and stores the seed for the next year's sowing. From among the Catholics in these villages it is hoped that there will be boys who will be priests and girls who will be nuns to look after the spiritual life of the Punjabi Catholics of the future.

May They Rest In Peace

Please pray for our recently deceased benefactors and friends

*His Eminence,
Bernard Cardinal Griffin, D.D.,
Archbishop of Westminster, England*

*Rev. L. V. Broughal, C.S.C.,
Notre Dame, Ind.*

Rev. H. Martin, Queens Village, N. Y.

Mrs. Tillie Bateman, Jamaica, N. Y.

Mr. Charles Burns, Phila., Pa.

Mrs. Bridget Hehir, County Clare, Eire

Mr. Charles Hoover, Louisville, Ohio

Mr. Joseph Jacko, Lakewood, Ohio

Mr. John J. Keane, Richmond Hill, N. Y.

Dr. John Ladden, Phila., Pa.

Mr. William Markey, St. Louis, Mo.

Mrs. Catherine Scanlan, Hollis, N. Y.

Mrs. E. Schnepfer, So. Ozone, N. Y.



the Shepherd boy

Sr. M. Bernadette, S. C. M.M.

Even among the war-like Pathans, family devotion is strong, tender, and generous. The story of a family in Kabul.

GAFUR KHAN was a strong and healthy Pathan boy. He came down from Kabul, his native place, bringing with him his sister, the fourteen-year-old Sakina, for diagnosis and treatment. Sakina was a real beauty, but her way of acting showed that she was not well. Her rosy cheeks made you question a fever and you wondered if the fever could be tuberculosis. The brother was very much concerned about her because the two of them, Gafur and Sakina, were the only children survivors of a large family. Sakina had had a cough and fever for two months with no energy to work, not even to help guard her brother's sheep. Gafur Khan came to Pindi with the determination to cure his sister. Up in Kabul the boy was a shepherd of two hundred or more goats and sheep, but he left them because Sakina had to be cured.

It was a lovely morning in March when they arrived at Holy

Family Dispensary. We had a friendly conversation together. Gafur Khan knew Urdu, but Sakina only spoke her own language, Pushtu. He told me all about her illness and during our conversation I was watching the girl's lovely face.

When the examination was finished, the doctor said that there was little hope for Sakina, both lungs were infected. How could I tell this news to her brother? At that time our hospital was not ready to take incurable tuberculosis cases, so we had to send her to the Sanatorium near Murree. Her brother took the bad news very bravely. "Oh Sister Ji, if only you would have a hospital in Kabul and we could come there to visit you. Surely you would have found out in time what the trouble was. But this way — oh all is too late. Just to come to Pindi we had to arrange for a long journey. We had to sell our goats and sheep for the bus fare and it cost so much for the two of us to come down. Please save her," he begged, and the young boy started to cry. He understood without more explanation that Sakina was hopelessly ill . . . Oh how many of this kind we have daily in our dispensary. I can't even count the mothers with five or six children, in the last stage of tuberculosis. And the refugee camps — full of the tuberculosis bacilli.

Sakina just smiled and looked tired, as she could not understand the tears in her brother's eyes or why he was so sad. I was grateful that she could not understand our Urdu conversation. In the tuberculosis sanatorium she would be looked after and her life would be



Gafur Khan

prolonged. The boy looked at the girl and said, "Don't worry Sakina, I will take you any place, but you must get cured." She then understood that something was wrong, but she smiled at him too and he said some more consoling words to her in Pushtu. The two of them went off on their new journey of hope. I said a little prayer that her suffering on this earth might not be too long and that Our Lady would smuggle her to heaven at the hour of her death. I had asked Gafur Khan to let me know how Sakina got on in the hospital. Time flies very fast and it is so easy to forget some of our patients, because daily there are so many, but I could not forget the shepherd boy and his sister from Kabul. Month after month I was waiting for

some news, but no one came.

Last Friday afternoon, two Pathans came to our dispensary. One big fellow carried in the sick one. He was in a very bad condition and I told him to wait until I brought the wheelchair. Before I could bring it, the sick man was shouting after me with what seemed like his last bit of energy, "Sister Ji, don't you know me? I am Gafur Khan, Sakina's brother." I could hardly believe it. The former, big healthy looking Pathan, now in a dying condition. I had no courage to ask about Sakina, but even before I said a word, he told me that she had died four months ago. He told me it was his turn to go to God now. "Oh no," I said, "we shall try to help you. The doctor will see you first." In the afternoon we have the clinic for men, and in the morning for the women, so it is

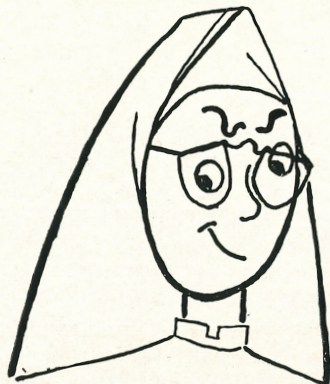
now the real Holy Family Hospital with the fathers bringing their sons and the mothers their daughters. Doctor asked for an x-ray. Thank God we have a machine because Gafur told me that he didn't have one pice left.

The x-ray was done and again we had to face a hopeless case, another out of thousands. He was admitted to our hospital — in that condition he could not travel back to Kabul. Oh, if we only had a hospital up there in tribal country, so that being right on the spot, we could help these poor people. They would not have to sell all they own to come.

Gafur Kahn stayed with us here and the other Pathan went back to Kabul to bring his mother down because the young man's days were numbered. The poor mother had to sell more things to pay her fare to Pindi, and even walked miles in the cold, but her wish was to see her son once more before he died. Her mother's heart had to face this sorrow again so soon. When she went to her son's room the poor mother just fell down next to his bed and cried. I could not say a word of consolation to her either, but could only think of Our Lady and ask her to give strength to this poor Pathan woman who does not know her. The boy too, had tears in his eyes, but he smiled at his mother and told her not to cry because he was happy to die, and too, he would see Sakina again. He is still with us and we are happy to have him alive a little longer for his mother's sake. Seeing them, sends our thoughts and prayers very often towards Kabul where someday we may have a hospital to help them.



Sakina, Gafur's sister.



Now look!

Do you need your glasses straightened?

THEN there was the little incident about my eye glasses. They were not quite straight and as Sr. M. Bernadette and I were in the city one afternoon I suggested that we drop in the shop for a minute and have the glasses adjusted. The man took the glasses and off he went to the back of the shop — 15 minutes later he returned with the glasses worse than ever! I suggested that the fitter come out to me and adjust them on my face — but no, off he went again with the glasses. In about 10 minutes he was back — said glasses, none the better for all his adjusting. He looked at me and with the most amazed

look on his face, said, "But, I tried them on the OTHER MAN and they were all right!" I tried to convince him that maybe my face was not just like that other man's. Off a third time — by this time Sr. M. Bernadette and I were both nervous wrecks. A few minutes later he was back with the glasses in two pieces — he showed them to me and said: "You made me so nervous — always saying 'jaldi karo, jaldi karo,' that I broke them." At this point I took my glasses and came home! And I only stepped in for a minute to have them adjusted! Where do you think you are, lady????

Sr. M. Christopher, S.C.M.M.

THE MEDICAL MISSIONARY

PHILADELPHIA 11, PA.

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Name

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... all in the day's work

we travel light

I was fortunate to go with Sr. M. Laetitia when she looked over the leprosy settlements in Nigeria. We were going to travel lightly, so we started out with two pieces of luggage each. Three days out we began to collect plants and shrubbery and left Abakaliki with an armload of bushes wrapped in wet newspapers in a can which once held 50,000 DDS tablets. I had a change purse full of seeds of Hong Kong Creeper which kept spilling out everytime I tried to get money out.

At the next stop, Jos, we found that the local stores had many more stocks than the Gold Coast shops. So we stocked up on essential hardware which we had been trying to get for months: locks, faucets, a monkey wrench, castors for beds, etc. Later on we picked up a coffee pot, into which we put the seeds and geranium slips we got at another convent.

In the interests of decorum we abandoned the DDS tin when we packed for the plane trip. The shrubbery and flower cuttings got wrapped in wet newspaper, a cookie tin and Sr. M. Laetitia's plastic raincape.

At Ho, in the Togolands, we found some beautiful jasmine and roses . . . they went into our plastic lunch bags. But it was at Accra that we really acquired a few things. We were finished with air travel now and had no inhibitions: three bolts of material, basins, buckets, two alarm clocks, a rubber ball for our little crippled boy. At Kumasi we stowed away a sewing machine. My last count when we unloaded at Techiman was fourteen boxes, bundles and parcels. We always travel lightly!

Sr. M. Raphael, Pharm., Berekum, Africa

quick exit

A blood donor came to the lab recently. The people in general are afraid of giving blood, so Sr. M. Gonzaga, M. T., told him, in Urdu, "Don't be afraid, I will only take a bottle of blood." Somehow or other, he made a quick exit. Later we found out that he thought Sister said, a "bucket" of blood, because in Urdu, the word "bucket" and "bottle," sound sim-

ilar especially with beginners saying it. The poor fellow thought she was going to bleed him to death.

Sr. M. Domitilla, Pharm., Karachi, Pakistan

PROFESSION and RECEPTION CEREMONIES

Reception and Profession Ceremonies were held for 32 Medical Mission Sisters here at the Motherhouse on August 15th. In the missions there were 14 making first and final professions.



FIRST VOWS — PHILADELPHIA

Top row, (l. to r.) Sr. M. Isabelle Healey, Buffalo, N. Y., Sr. M. Clarene Hackmann, Glasgow, Mo., Sr. M. Bernard Tunncliff, R. N., St. Louis, Mo. Bottom row (l. to r.) Sr. M. Suzanne Cook, R. N., Everett, Wash., Sr. Joseph Marie Oulette, R. N., East Islip, N. Y., Sr. M. Gervaise Demers, Lethbridge, Can., Sr. John Marie McKee, R. N., Albuquerque, N. M. In England, Sr. M. Oliver Collins, Surrey, England; and in India Sr. F. Marie Goretti Poovathunkal made first vows in Poona.

توسی میهر بانی

tusi mihrbani

Sr. M. George, R. N.

TUSI *mihrbani*” with hands clasped and raised and a possible attempt to touch you under the chin, is often the way to say — “please, no operation.” If an abdominal incision is involved, most Pakistani women are frightened to death and sometimes would rather suffer their “taklif” (trouble) than have surgery.

Mehr Bano came a distance of several hundred miles to be treated by our Sister-doctor. Previously she had been in two large hospitals near her home and in both had been advised to have an operation. Two reasons made her refuse; first, she would allow no male doctor to do the surgery; and second, she refused surgery.

Sister could offer no alternative to an operation, so the patient was admitted. However, when the nurse arrived to prepare her, Mehr Bano vehemently refused and said, “no surgery!” Her oldest son was very worried and tried to persuade his mother. But Mehr Bano was not to be persuaded and her husband, unwilling to force her, and at the same time also afraid, said that it would be better that she lived for a year or two longer rather than die now during an operation.

Up to that time, my vocal contribution towards persuasion, had been small but now I decided it

was time to make a try. I told her husband I’d take his wife around the wards to meet the other women who had had operations already. With a dubious expression and eyes popping, Mehr finished her conducted tour and was obviously impressed. Still, she was frightened and insisted on leaving the hospital — at least for two or three days. We were all sure she would never come back, but what to do???

That same evening about six P.M., a very sheepish young man came to me and said his mother wanted to come back and have her operation in the morning. Could it possibly be managed? We were sure it could! Our patient had decided this was her “kismet” and gave no further trouble.

In the morning with the surgery over, the youngest son expressed the sentiments of the family when he looked at the huge tumor removed from his mother, and gently pulled at each of his ear lobes — difficult to translate but a very expressive way of registering awe, amazement, thanks, etc.

The operation is over for the doctor, but not for Mehr Bano. The other patients are visiting Mehr Bano to hear all about the big “rassoli.” Her husband just grins and says, “bahut PLEASED hai.”



W.H.O. nurse checks
a tuberculin test
on an Egyptian
child's arm.



The World's Burden of Suffering

Scientists have long pointed out the discrepancy between the greatness of human technical achievements on the one hand, and the continuance of disease, poverty, and suffering, on the other.

Of the two billion people alive today, at least half, are suffering from chronic or recurrent disease, most of it preventable such as, tuberculosis, malaria, schistomiasis, kala azar, hookworm, filariasis, to mention only a few of the great scourges. Human energy, physical and intellectual, is squandered, suppressed, and pulled down through preventable disease, often, on a scale difficult to conceive. The mass-suffering of the world today is staggering. Many can be cured; some cannot. Who will lift this burden? Who is responsible?

MISSION WORLD

*As Moses lifted up
the serpent in the desert,
even so must the Son of Man
be lifted up, that those who
believe in Him
may not perish but
may have life everlasting.*

John 3, 14-15

Why Medical Missions?

"The cross and the serpent," are a symbol of Christian medicine, or Medical Missions. Christ is the brazen serpent of the New Testament, to whom all must look to be made "whole" in body and soul.

Christ came to establish His Father's kingdom in men's souls, but He also came to renew the human body which since the Fall has been weakened and degraded by disease and sin. He had Compassion on the multitude — the world of His day. He healed men's bodies to win their hearts, that body and soul might be enabled to live the "new life" of the cross.

The Medical Missionary, following Christ's example tries to lift the great burden of sickness and suffering from his brethren. He is responsible for them — body and soul. He sees in each one— Christ poor, Christ sick, Christ suffering. He cannot regard suffering alone, as the summit of evil; he cannot regard bodily well being and freedom from pain as the highest good; he cannot sacrifice part of man (his soul) to follow unethical medical methods, based on a materialistic concept of disease. When the Medical Missionary cannot cure he can always offer the explanation for all suffering — the mystery of the cross, which can make "whole" for eternal life.

Trachoma covers four-fifths of the globe. Moslem women queue up for eye treatment in Morocco.





Sr. M. Bernadette comforts a refugee patient.

Sr. M. Richard, S. C. M. M.



Starring Sister M. Bernadette

SCENE: The Out-patient Department of Holy Family Hospital.

Place: Rawalpindi, West Pakistan.

Time: Everyday save Sunday, six days in the week, week after week, year after year.

Characters: Thousands of Pakistani men, women and children and Sr. M. Bernadette.

Plot: The "Mystery of Christian Charity."

It's Ladies Day at the Out-patient Department at Holy Family Hospital. The room is filled with chatter and shouts of "Sister-ji, Sister-ji here." Each Muslim woman wants a numbered ticket which will admit her to see the doctor and besides that she also wants to talk to Sr. M. Bernadette.

Sr. M. Bernadette will listen to the tales of aches and pains, to accounts of success, to complaints and family problems, to the news of the neighborhood and to stories, some fact, some fancy. Sr. M. Bernadette will listen to each one as if there were not 199 others waiting for the same attention, the same affection and concern, every day save Sunday, six days a week, week after week, year after year.

How many times during the day does Sr. M. Bernadette explain the instructions on the medicine bottle in words her people can easily understand? "Take one pill, Bibi, when the sun comes up and one when the sun is high in the sky and one when the sun goes to rest. Swallow the pill, don't chew it. Take it with cold water not hot." And with each direction, there is a demonstration just so Bibi will know for sure.

How frequently does Sr. M. Bernadette give advice and occasional scoldings and sometimes small presents like a tiny mirror for Begum Jan, who in all her 70 years had never had a mirror of her own? How many times does she interpret the different Punjabi dialects? How often does she go into the doctor's office with a friend just to stand beside her chair as silent comfort? How often does she calm the fears of those who are told that surgery is required? How often does she take "command" of the children while their mothers receive treatments? How many times does she greet each patient with a smile and a word of interest as she dispenses

the medicine ordered by the doctor?

How many times? Every day save Sunday, six days in the week, week after week, year after year.

Save Sunday — what happens then? Sr. M. Bernadette spends many of them in a camp. Refugees are her very special friends, and on Sundays, she is free to visit them. Because they have so few clothes, she knits for them, multi-colored scarfs and woolen caps. Because their homes are so poor, she brings used American greeting cards so that the shiny color may add some touch of brightness to the one-room huts. Because they are without sufficient food, she takes along with her powdered milk and cheese that the National Catholic Welfare Service sends. Because they are human beings in need of love, she goes even when she has nothing to bring but herself.

At the camp, Sr. M. Bernadette is often called upon to “pray over” a sick child. Men ask her to find work, women how to fix tattered clothes. Sometimes she is asked to provide a sheet that will serve as a shroud. Once she fulfilled a dying boy’s dream. He wanted a turban like the big men wore.

All day Sunday she is there, visiting one group and then another, walking through the mud, bending to step into the low-roofed home, taking tea from earthenware cups with her friends. When the sun goes down, Sr. M. Bernadette returns to the hospital. And so soon it’s Monday again and she is in the Out-patient Department.

Sr. M. Bernadette never met a stranger in her life. She comes closest to the title given by Kipling to his character “Kim” . . . “Little friend of all the world.”

UPS and DOWNS

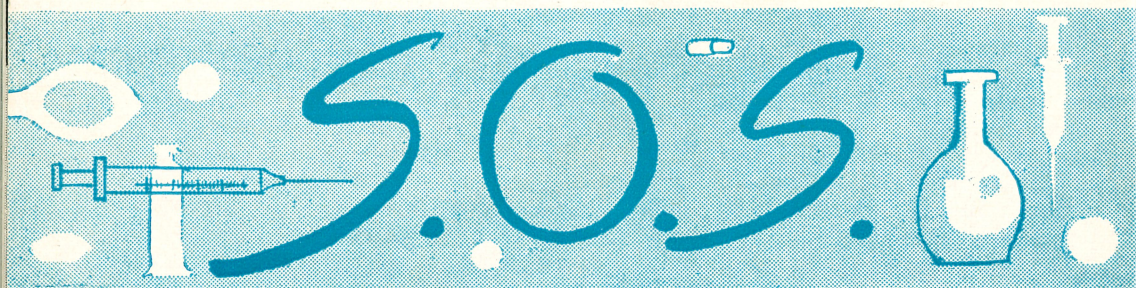
opening day on March 25th, was a big occasion. The Pakistan Army requested nurses’ training for its students; male patients were admitted for the first time in appreciable numbers; operations soared; and so did admission numbers. The number of deliveries lagged behind for a few years, and is only just now picking up. 1955 numbers: 4,034 admissions, 54,000 clinic visits, 2,212 opera-

tions, 580 deliveries, 65 nurses in training, is sufficient proof that the hospital is growing and fulfilling its destiny.

Many more people and things are needed to make this hospital what it is meant to be: a fully equipped, properly staffed and thoroughly up-to-standard modern hospital. But the foundations are solid. Time and the grace of God will do the rest.

Pray — Work — Sacrifice — That His Kingdom May Come.

Mission Sunday - October 21, 1956



Antibiotics

For all our hospitals. No liquids, please, they spill on the way.

Baby Shower

Baby food, milk, vitamins for babies in Thuruthipuram, S. India. Feed a baby for a month \$3.50
Berekum babies need:
Baby cot sheets, 100 24c ea.
Baby diapers, 1,000 10c ea.
Plastic nursing bottles (student-nurse-proof) 3 for \$1.35
Baby scale \$10.95
Baby bottle brushes 25c ea.
Mandar babies, in India, ask for 3 cows for milk. What will you give towards a cow?

Colorimeter

For blood chemistries in the Delhi Laboratory \$180.

Hypodermic Syringes

All sizes needed \$2.00 & up.
For Changanacherry hospital.

Mortar & Pestle

S.O.S. from the Pharmacist at Techiman, Africa \$1.60

Old Models

Welcomed for the nurses training school, Berekum, Africa:
Hectograph or duplicating machine
Anatomy models (heart, eye, ear)
Slide projector
Typewriter (for the Sisters' also)
Patient chart boards
Bed spreads for cots

Pump

To pump water for the whole Rawalpindi Hospital. Old one worn out. Every dollar will be a drop in the bucket \$350.

Thermometers

For every mission. Student nurses are allergic to them, 1 doz. \$6.00

Washing Machine

The wash has to travel three hours in Thuruthipuram, S. India. Could do their own faster \$300.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here are \$_____ for your mission Hospital _____ needs.

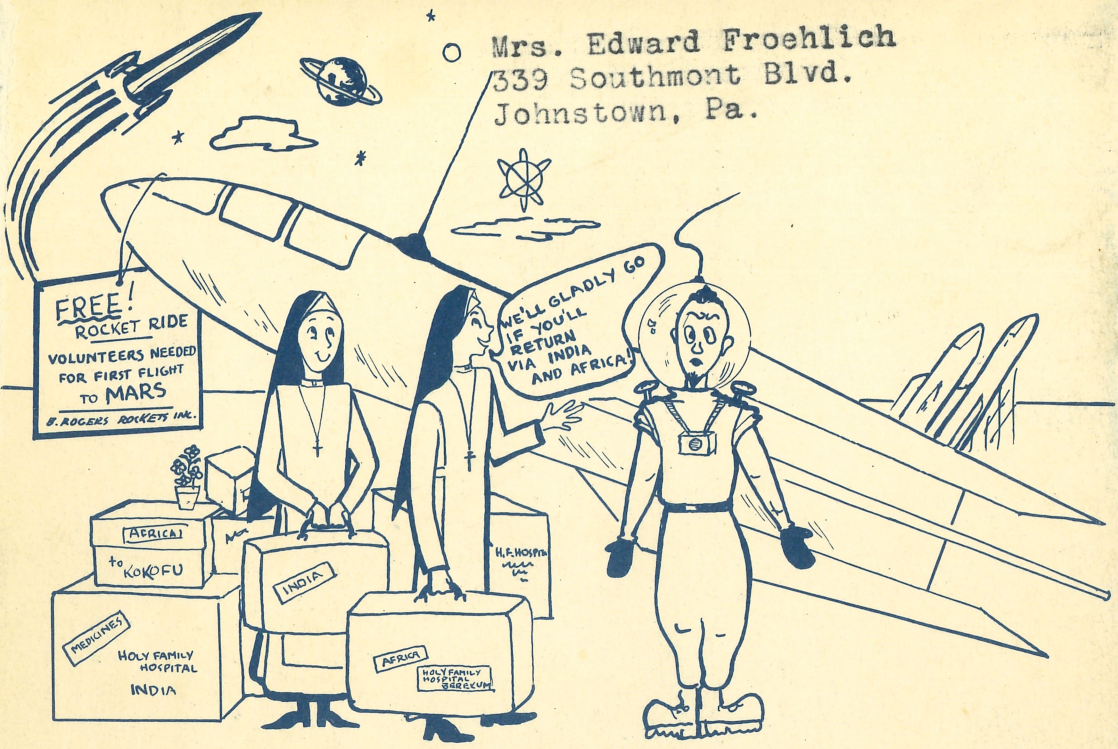
Name _____

Address _____

City _____ Zone _____ State _____



*"And the Virgin's Name was Mary" —
Fra Angelico*



○ Mrs. Edward Froehlich
339 Southmont Blvd.
Johnstown, Pa.

It's Most Unusual . . .

Dear Friends:

It certainly is **MOST UNUSUAL**, but our Sisters just have to get to the missions. There is so much to be done that every new arrival is welcomed with open arms.

Please help us provide boatfare for our 21 departing missionaries for 1956. Each one needs \$500. . . . Mars really is a bit out of the way.

Gratefully yours in Christ,
MOTHER ANNA DENGEL, M.D.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA

Dear Mother Dengel:

Here is my contribution \$ towards helping the Sisters reach their destination.

Name.....

Address.....

City.....Zone.....State.....